

2020 NON-ATHLETE REGISTRATION APPLICATION

LSC: New Jersey Swimming

PLEASE PR		MATION TO ENSURE THAT CONTACT INFORMATI				NFORMATION IS CORE		
	LAST NAME		<u>L</u>	EGAL F	FIRST N	AME		MIDDLE NAME
				0.16				
•		_				•		
_	REFERRED NAME	_	RTH (MO/DAY/YR)	SEX (M		CLUB COE		CLUB NAME
	KEI EKKED NAME	7 1	ı I I	OLX (III	֓֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	JEOB GOL		OLOS NAME
(Bill, Beth, Scoo	ter. Liz. Bobby)	(Rec	uired)		」	If not af	 filiated with a club, enter "Unatta	ached"
	· · · · · · · · · · · · · · · · · · ·		MAILING ADDRESS				·	
	CITY			1 [STATE		ZIP CODE	
							_	
AREA COD	E TELEPHONE NO.	AREA CODE	TELEPHONE NO.	EXTEN	ISION	AREA	CODE TELEPHONE NO.	
HOME		WORK][N	IOBILE		
	E-MAIL	ADDRESS						
IF	ANY OF THE ABOVE INFORM	MATION CHANGES	DURING THE YEAR –	PLEAS	E NOTIF	Y YOUR LS	C REGISTRATION/MEMBER	SHIP PERSON OF THE CHANGES
RACE AND	ETHNICITY (OPTIONAL)	: You may check	k up to two choices		С	ITIZENSI	IIP/FINA:	
= -	ack or African American	_	R. Asian				tizen: Yes No	
☐ S. White ☐ T. Hispanic or Latino Are you a member of another FINA federation: ☐ Yes ☐ No ☐ U. American Indian & Alaska Native ☐ V. Some Other Race If Yes, which federation: ☐ Yes ☐ No								
	ative Hawaiian & Other Pa		. Come other react	•		11 103,	willon rederation.	
□ Chock if y	ou would like to learn mo	ro about the LISA	Swimming Founds	ation's	initiative	20		
	ou would like to receive the		ŭ		IIIIIauve	35		
☐ Junio ☐ Coac ☐ Coac ☐ Certii ☐ Othe	IIP CODE: Check all that or Coach - ages 16 & 17 h-Full Time (Employed fu h-Part Time (Primary emplied Official (Starter, Strol r (Chaperone, Meet Direct	Ill time as a coact ployment is NOT ke & Turn, Meet I or, Meet Manage	coaching) Referee, Administra er, etc.)		,	Requi Requi Requi Requi	res a Background Check res a Background Check res a Background Check res a Background Check	ed, requires Athlete Protection Training & Athlete Protection Training & Athlete Protection Training & Athlete Protection Training & Athlete Protection Training
	nary age group that you co	pach (may be mo	ore than one):	10-Un	□ 11	-12 🗌	13-14 🗌 15-18 📗 1	9+ Masters
COACHES EDUCATIO An i Prio	GC at www.usaswimming.c : Also requires current CF IN REQUIREMENT FOR (Individual registering as a	PR/AED & Safety COACHES at: wy coach for the first for the second y	Training for Swim www.usaswimming.o t time must completer, the online test	Coacherg/foc te the coacher s for Fo	es certif online F oundatio	ications oundation ons of Co	aching 201 and Rules ar	orior to becoming a Coach Member. nd Regulations must be completed. org/coachmember
☐ By become	ming a member of USA S	Swimming, I her	eby agree to abide	by th	e rules	, regulati	ons and Code of Cond	uct of USA Swimming.
_	•	•	•					se, including sexual abuse, I must
☐ I acknow			_		_			e Sport Authorization Act. vention Policy and I have completed
Signatura		Data						
Signature Date By signing this application I verify that the above is true and correct.							2020 RE	GISTRATION FEE
					_		•	019 through December 31, 2020
MAKE CHE	CK PAYABLE TO:	TION & PAYMENT TO:				•	Fee + LSC Fee = TOTAL DUE 00 + 8.00 = \$70.00	
NEW JERS		1933 Rt 35 S Wall, NJ 077	te 105 PMB 34 19	9	_		☐ Life \$1,000.	
FOR LSC R	EGISTRAR USE ONLY:	REGISTRAT	ION DATE					
BGC	APT		_ STSC			8	STSC-ONLINE	CPT
CPR	FOC 10	1	FOC 201			F	Rules & Reas	